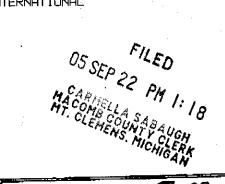


HIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE



FOR OFFICIAL USE ONLY

COVERPAGE						-
teport must be legible, typed or printed in ink and signed by treesurer (or designated record keeper) and candidate.	3. This Statement covers	s From: 7 23 Mo Day	OS to S	DBY DBY	A6al.	_
. Committee I.D. Number 137 637	4. Candidate Last Nan	me L2 <i>U</i> ;	First Name	_	MJ.	
Committee Name Committee to Elect must	· •	someth k		leable) Bur Viri	mocé	
Papearlli For city council	4b. County of Residence	* wdcow	3			
5. Committee's Malling Address 37192 Beck > 04 Area Code and Phone 586-725-497 If the address in this box is different from the committee prailing address on the Statement of Organization, mail may be sent to this address by the filing difficial.	37192 Bi NKW BR/7 Area Code & Phone (Papareuli exit De nomi Not- 500 735 40	177	· :		
Treasurer's Business Address 37192 Breeze De New Baltmore MI. 48017 Code and Phone (186) 755-4977	B. Designated Record in Designated Record ker こうかん まっている こうかん こうかん こうかん こうかん Area Code and Phone	Barth Os	mz- 48	committee ha	25 9	
, COOR BILLY HOLD THE		ic. Annual Statem	<u></u>	rage Year)		-
98. Pre-Election OR 9b. 2 Po	st-Election 9	or 9e to Indica	Campaign Statement te which Statement is	being amend	iem 92, 9) ied)	b, 9c
	eneral 9	90. Dissolution of	Candidate Committee			
Convention			Effective Date of Diss	olution		
Date of Election, Convention or Caucu OB OA 200 Month Day Year	5	By checking this item outstanding debts, in the dissolution cannot the Reporting Walvet Note: The disposition 18 and the Summan	of residual funds mus / Page,	Further, IVV be considere it be reported	request da reque 1 on Sche	est for dute
A committee that does not have a Reporting Waiver must find the Schedules. Direct contributions, in-kind contributions, loan if any of the information tisted in luams 2, 4, 5, 6, 7, or 8 has amendment to the Statement of Organization should accombefore the filling deadline of a required campaign state. 10. Verification: !\We certify that all reasonable diffence with the contents are true, accurate.	te all required Campaign S 3, expenditures, and outsit 3 changed since the inform 4 pany this Campaign State 5 nent, that campaign stale as used in the preparation te and complete.	Statements. The Car landing debts count a matter was shown on largent. If a request tement cannot be well as the count and the country of this statement and country of the	npalon Statements mu gainst the \$1,000 Rep the committee's State for a Reporting Walved. d attached schedules	ist include all orting Walver ment of Orga ar is not rec (if any) and to	desiples r threshold r threshold r nodesin ro bevie	le d. an or of
Current Treasurer or Designated Record keeper WALK PRINT Name		/ Hopen	Date .	<u>₩</u>	ay Y) 5 (BB)
Type or Frint Name Authority granted under P.A. 388 of 1976	Signature	- Fepano	Dale _			rear
M ANTACHIV DISINES UNGER C.A. 300 OF 124 O						

1. Committee I.D. Number 137637

2. Committee Name Committees to Elect mark Paparerul For City Conneil

MICHIGAN DEPARTMENT OF STATE

(Subtract line 16 from line 15)

SUMMARY PAGE	·	
CANDIDATE COMMITTEE RECEIPTS	Column !	Column II Cumulative this election cycle
	This Period	Complete and closuest plans
3. Contributions	(3a.) \$	
a, Itemized (Schedule 1A - Column 6)	(3b.) \$ NOT APPLICABLE	
b. Uniternized (less than \$20.01 each - no Schedule)	(3c.) \$	(18.) \$
c. Subtotal of "Contributions"	(50.)	(19.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(20,) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20,) 0
IN-KIND CONTRIBUTIONS & EXPENDITURES	201 03	(21.) \$ 1642.54
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(8.) \$ <u>354.03</u> (7.) \$ <u>0</u>	_
7. In-Kind Expenditures (Schedule 18-IK, Column 6)	(7.) \$ <u> </u>	(22.) \$
EXPENDITURES		
8. Expenditures	•	
a. Itemized (Schedule 18, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) S	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	0 =
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	2.3	
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ BALANCE STATEMENT	
13. Ending Salance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 15 from line 15)	(13.) \$	<u>.</u>



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

TEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK CANDIDATE COMMITTEE

1. Committee I. D. Number	1376	<u>37</u>		
2. Committee Name	89+H in	to	Fled	MARK
7. Wildiamoo Idaliia (Title	PAPARE	اند	ENC CIT	COONC

		(Enter this total on line 6 of Summary Page	.
		Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	138.81	
	Pund Raiser Contribution	WE.		
	Business Address:	23 mile & d. Chester (2) d		
'	Employer:	5. Date Of Receipt 7/30 65 6. Vendor Name & Address: Love's		
	If over \$100.00 cumulative, please provide: Occupation:	Description Campaign Supplies	18.02	18.02
	Address: 37192 Beeth BR. Address: Baltimere MI 48047	Goods or Services Purchased by Candidate or Others- LOAN		
	Name mark paperell	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others		
	Fund Reiser Contribution Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
	Auburn Hills MI.	Ira Township MI. 48023		
	Employer: YOCK International Business Address: 1900 of NKK ct	6. Vendor Name & Address: Beacon News paper		
	nation: securice swites Rep	5. Date Of Receipt 7/29/05	99,∞	99.00
	If over \$100.00 cumulative, please provide:	Description 1/4 Page Advertisement		
	Address: UP BRILL MORE ME	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN		
1	Contribution #2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated		
ŀ	Fund Raiser Contribution	Chesterensia not 48001		
	Business Address: 1900 ordy kect.	51382 GRAND+ AUR		
ı	Employer: York International	6. Vendor Name & Address: Stopks		
	Occupation: Service Sales Let	5. Date Of Receipt: 7/25/05	61.79	61.79
I	New Baltimers ME 48047 fover \$100.00 cumulative, please provide:	Goods or Services Purchased by Candidate or Others- LOAN Description OFFICE SUPPLOS		
ŀ	anies Room De.	Goods or Services Purchased by Candidate or Others		
k	Contribution # 1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated		
k	Committee (Both are commonly called PACs). Report all in-kind contributions.	6. Name & Address of Vendor from whom goods or services were purchased		
ŀ	f contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an independent	5. Date of Receipt	Value	Cycle (Through date in Item 5)
ŀ	. Name and Address from whom received	4. Type of In-Kind Contribution (Check applicable box)	Fair Market	for Election



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK
CANDIDATE COMMITTEE

1, Committee J. D. Number	<u> </u>	16	_	<u>/</u>		
2. Committee Name Committee	-देख	40	el,	भ्य	mark	. Popoer!
		For	<u>r_</u>	<u>ر</u>	gy con	×C,

		The state of the s	7. Amount or	8. Cumulative
	Name and Address from whom received f contribution is from an individual, enter last	4. Type of In-Kind Contribution (Check applicable box)	Fair Market Value	for Election Cycle (Through
	name first. Check box to indicate if contribution is from a Political Committee or an independent	5. Date of Receipt	·	date in item 5)
	Committee (Both are commonly called PACs). Report all in-kind contributions.	Name & Address of Vendor from whom goods or services were purchased		
	Contribution # 1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		•
	Name mark paperent	Goods Donated or Loaned Services Donated	. 1	
	Address: 37192 Britt DR.	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN		
	over \$100.00 cumulative, please provide:	Description Committee Metting		63 50
	Occupation:	5. Date Of Receipt: 7/3 (105	23,00	€3, ∞ 0
	Employer:	6. Vendor Name & Address: Uernier Richard		
	Business Address:	8822 Vernior		
		Fair Hoven MI. 48023		
	Fund Raiser Contribution			*************************************
	Constibution #2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan Goods Donated Sarvices Donated		
	Name were Proposici	Goods or Services Purchased by Candidate or Others		
	Address: 37192 Brust DR.	Goods or Sepices Purchased by Candidate or Others- LOAN		
	If over \$100.00 cumulative, please provide:	Description Committee mypting	,	
	La DAGL 2 LOO'OD COLLOTS GAS PLOSING.		16.00	16,00
ľ	i-mployer:	5. Date Of Receipt 7/31/05		ł
		6. Vendor Name & Address: 3724 / 5 02 L		ļ
	Business Address:	I3170 washing ton		
	Fund Raiser Contribution	New BALTIMORE MT. 48047		
r	Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
	Name mark Proporti	Goods Donated or Loaned Services Donated		
	WAGGESS BAILT WORL WIT ABOUT	Goods or Services Purchased by Candidate or Others		
ł	450 SHAWAN WE GRILL	Goods or Services Purchased by Candidate or Others- LOAN		
ĺ	if over \$100.00 cumulative, please provide: Occupation:	Description GRS FOR VRA	313 4 5	2415
		5. Date Of Receipt: 7/31 65	34.65	34.65
ĺ	Employer:	6. Vendor Name & Address: 4 Stor Thurstonts	}	
	Business Address:	8751 OIXIE HWY		
	Fund Raiser Contribution	FAIR HAVEN MI. 48063		
ŧ		Page Subtotal	103.65	
		Grand Total of all Schedules 1-IK		
	ł	(Complete on last page of Schedule)		j
			Enter this total on line 6 of	
			Summary	
	Page A of 3		Page	.ep
	Page _V U			•

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number	15/	<u>, > </u>	<u> </u>		
O Committee Name and But	Seered	tha	6101A	MARK	PAPARE

CITY COUNCIL

3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to Indicate If contribution is from a Political Committee or an Independent	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Committee (Both are commonly called PACs). Report all in-kind contributions. Contribution # 1 PAC Receipt? Yes Name PAC PACS Address: 37162 PACS Address: 37162 PACS Address: 4504 If over \$100.00 cumulative, please provide: Occupation: Employer:	6. Name & Address of Vendor from whom goods or services were purchased 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated	11.51	11.51
Business Address: Fund Raiser Contribution	si490 GRATIOTANT Chestoreseld MI. 4801		
Contribution #2 PAC Receipt? Yes Name MARK PARACULA Address: BALLY ARK WILL VEN If over \$100.00 cumulative, please provide: upation: Employer: Buelness Address: Fund Raiser Contribution	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others LOAN Description S. Date Of Receipt: 7/31/05 6. Vendor Name & Address: Shapks Cherter Rel March 1805/	10,06	10.06
Contribution #3 PAC Receipt? You have what Bayes. Address: 30 368 Bayes. If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others Coods or Services Purchased by Candidate or Others-LOAN Description Receipt 8/5/05	20.00	70.00
Page 3 of 3	Page Subtotal Grand Total of all Schedules 1-IK (Completa on last page of Schedule)	354.03 Enter this total on line 6 of Summary Page	



HIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS 1. Committee I.D. Number 137637

SCHEDULE 1E 2. Committee Name Committee to Elect MACE PAPERCUL

CANDIDATE COMMITTEE		tor city	CBSACI	
This Schedule Itemizes:				
Debts and obligations owed by or forgiven the co	mmittee OR b. 1 Ost	ois and obligations owed <u>to</u>	or forgiven <u>by</u> the c	ommittee.
	ck either a or b. Use only for the pu		1 5 4 1 5	
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Indicate type and you may assign an expenditure code)	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	5. Indicate date debt was incurred 6. Indicate original amount of debt		-	Itam 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: 08 64			
MARK Proprietti	5. Date Debt Wes Insurred:			
37197 Bress BR.	7/35/95 6. Original Amount of Debt		\$:	56179
New Baltinors ME	\$ 61.79	/_ <u> </u>	ļ	FORGIVEN
If bank loan, name of endorser or guarantor.		Ar	nount Endorsed: 5	
t养2 Corp? 【Yes Jwed to or by:	4. Type: Del h			
MARK Proparation	5. Date Debt Was Incurred:			
, 37192 BKK & De1	6. Original Amount of Debt		\$	99,00
New Baltimer MI.	\$ 99			SORGIVEN
If bank loan, name of endorser or guarantor.		1 1 5 A	mount Endorsed: \$_	LONGIVER
				1
Debt#3 Comp? ☐ Yes Oward to or by:	4. Type: 0 6 6 7			
MARK PROPERTY.	5. Date Debt Was Incurred:			_
Now Boltmore MI.	6. Original Amount of Debt;			1802
48047	18.03			FORGIVEN
If bank loan, name of endorser or guarantor.	 	-/	 Amount Endorsed: 5	4. E
		Page Subtotal (Ou	Istanding debt)	1.000
(0	siete on last page of Schedule show	Grand Total of all		178.6
(Camp	vere nii issi haffe ni saredine sha	TRUE DELIVERED OWER DY OF P	A series and a series of a	Enter this total on line 12s "owed by" or
land are obligation must be shown on this School	tule if there was an outstanding	amount owed on it at the	closing date of	line 125 "owed to" of the

s Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Summary Page



HIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS

DEBTS	AND	OBL	IGA	TIONS
	CUE	nili i	E 16	

1. Committee I.D. Number 137 437

CANDIDATE COMMITTEE				
This Schedule Remizes:				
Debts and obligations owed by or forgiven the co	mmilitiee OR b. I Deb ix either a or b. Use only for the pu	ols and obligations owed <u>to</u> c	r rorgiven <u>by</u> the co	
3. Name and Malling Address of parson, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (tiom 6 minus Item 8)
guarentors, if any.				
Debt #1 Corp? Yas Owed to or by:	4. Type: 186 +			
NACK POPARELU 37192 BULLY OR' NEW BALLMORD MI.	5. Date Dobt Was Incurred: 7 3 i 0 5 6. Original Amount of Dabt: 5.53.00		\$	\$ \$3,00
A80A)		/ / \$	1	`
if bank loan, name of endorser or guarantor:	1	Am	; ount Endorsed: \$	
t#2 . Corp? Yes	4. Type: 10211			
MARK PAPARELLO. 37192 BEXTY DR. Now Boltimore MT. 48047	5. Dute Debt Was Incurred: 7/31/05 6. Original Amount of Debt: \$[6.00]		s	1600
if bank loan, name of endorser or guatantor:		An	 nount Endorsed: \$_	1 4 3 3 3
Debt #3 Carp? Yes Owed to or by:	4. Type: D26 +			
MARK PAPARELL. 37192 BEET DE	5. Date Debt Was Incurred: 7/3/105 6. Original Amount of Debt;			 <u>` ३५,</u> ६५
48047	134.65		1.05	ORGIVEN
If bank loan, name of endorser or guarantor:			mount Endorsed; \$	7
(Come	olete on last page of Schedule show	Page Subtotal (Out Grand Total of all s wing amounts owed by or to	Schedules 1E	103.6
debt or obligation must be shown on this Schedus Gampaign Statement or it was forgiven during	duie If there was an outstanding	amount owed on it at the c		Enter this total on tine 12s "owed by" or line 12b "owed to" of the Summary Page

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T.
البحكر
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HIGAN DEPARTMENT OF STATE

DEBTS AND OBLIGATIONS SCHEDULE 1E

2. Committee Name Committee to elect where fugaretus

CANDIDATE COMMITTEE		for orth o	6) N LA	
This Schedule Itemizes:				
Debts and obligations owed by or forgiven the co	mmittee QR b. I Deb ck eliher a or b, Use only for the pu			
3. Name and Malling Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	Cumulative payment to date on debt.	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt#1 Corp? Yes Owed to or by:	4. Type: Oab +			
NEW BALTIMORY MI 18047	5. Date Debt Was Incurred: 7/3//05 6. Original Amount of Debt 5_ . 5		\$ <u></u>	5 (1.51) FORGIVEN
If bank loan, name of endorser or guarantor.		Am	ount Endorsed: \$,
THE Corp? Yes Jimed to or by: Mark Paparitic Solly bath or 18047 If bank loan, name of endorser or guarantor:	4. Type: Oglod 5: Date Debt Was Incurred: 7/31/00 6. Original Amount of Debt: 5/0.06		\$ nount Endorsed: \$	10.00 _ JEORGIVEN
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt;</u> \$	/ / \$		FORGIVEN
If bank loan, name of endorser or guarantor:	1	A	 mount Endorsed; \$. I <u> </u>
	plete on last page of Schedule show	Page Subtotal (Outsider of all states of an amount owed on it at the common of the states of an amount owed on it at the common of the states of a states	standing debt) Schedules 1E the committee)	21.57 Bottos Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page
Page 2 of 2	a min horiza anizoran al esse appri			ு வார்ப்பியித் இழுவியி